

ACCOUNT NO.

072100000032

REFERENCE

121202

AUTHORIZATION

800004042978

COST LIMIT : \$ 35.00

ORDER DATE: April 19, 2001

ORDER TIME : 5:07 PM

ORDER NO. : 121202-070

CUSTOMER NO:

7227563

CUSTOMER: Ms. Linda Pettigrew

Royal & Sun Alliance Usa

9300 Arrowpoint Blvd.

Mail Stop 1313

Charlotte, NC 28273

CHANGE OF AGENT

UNISUN INSURANCE COMPANY

DLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

& COULLIETTE APR 2 3 2001

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, the undersigned corporation organized under the laws of the State of $\_$ SOUTH_CAROLIN	•
submits the following statement in order to change its registered office or registered	
the State of Florida.	
1. The name of the corporation: UNISUN INSURANCE COMPANY	
2. The mailing address of the corporation: 9300 ARROWPOINT BLVD., MAIL STOP 131	.3
CHARLOTTE, NC 28273	
3. Date of incorporation/qualification: 09/15/1949 Document number: 8	07985
4. The name and address of the current registered agent and office:	SSE CO
4. The name and address of the current registered agent and office.	
INSURANCE COMMISSIONER	AM IO: 02 OF STATE E, FLORID
DEPARTMENT OF INSURANCE	02 TE
TALLAHASSEE, FL 32301	
<ol> <li>The name and address of the new registered agent (if changed) and/or registered off (P. O. Box Not Acceptable)</li> </ol>	ice (if changed):
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office agent, as changed, will be identical.	e of its registered
Such change was authorized by resolution duly adopted by its board of directors or b	oy an officer so
authorized by the board.	1
(Signature of an officer) chairman or vice chairman of the board) (Date	<del>) ]</del>
Asst.  INDA Y. PETTIGREW, Secretary	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the abo corporation, I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to the proper an performance of my duties, and I am familiar with and accept the obligation of my poregistered agent.	ve stated n this capacity. d complete osition as
Ulborah 10. Skipper 4/20/01	
(Signature of Registered Agent)  Deborah D. Skipper  (Date)  If signing on behalf of an entity:  as its agent	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314